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DISSOLUTION OR WITHDRAWAL CONTEMPORARY BENEFITS DESIGN, INC.

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COVER LETTER

10:	Division of Corporations		
SUBJE	CCT: Contemporary Benefits Design, Inc	(Name of Corporation) 00001226 ation and fee are submitted for filing. concerning this (Name of Person) gn, Inc. (Firm/Company) (Address) (City/State and Zip code) og this matter, please call: at (212) 301-4058 (Area Code & Daytime Telephone Number) nt: og Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, of Status Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed) EESS: STREET ADDRESS:	
		(Name of Corporation) 26 and fee are submitted for filing. (Name of Person) (Firm/Company) 26 (Address) (City/State and Zip code) matter, please call: at (212) 301-4058 (Area Code & Daytime Telephone Number) & \$43.75 Filing Fee & \$52.50 Filing Fee, cus Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed) Enclosed) STREET ADDRESS: Amendment Section Division of Corporations	
DOCU	Division of Corporations ECT: Contemporary Benefits Design, Inc. (Name of Corporation) UMENT NUMBER: F09000001226 Inclosed withdrawal application and fee are submitted for filing. Include the following: Daniel Yi (Name of Person) Contemporary Benefits Design, Inc. (Firm/Company) e/o NFP Corp., 340 Madison Avenue, 20th Floor (Address) New York, NY 10173 (City/State and Zip code) Inther information concerning this matter, please call: Yi (Name of Person) (Area Code & Daytime Telephone Number) Sed is a check for the amount: (Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Enclosed) MAILING ADDRESS: Amendment Section Division of Corporations The Contemporary Benefits Design, Inc. (Name of Person) (Address) (Area Code & Daytime Telephone Number) STREET ADDRESS: Amendment Section Division of Corporations		
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		g this	
	Daniel Yi		
		(Name of Person)	
	Contemporary Benefits Design, Inc.		
		(Name of Corporation) F09000001226 Optication and fee are submitted for filing. (Name of Person) Design, Inc. (Firm/Company) dison Avenue, 20th Floor (Address) (City/State and Zip code) erning this matter, please call: at (212 301-4058 (Area Code & Daytime Telephone Number) mount: Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, cate of Status & Certified Copy (Additional copy is Enclosed) DDRESS: STREET ADDRESS: Amendment Section Division of Corporations 7 2661 Executive Center Circle	
	c/o NFP Corp., 340 Madison Avenue, 20	th Floor	
		(Address)	
	New York, NY 10173		
	(0	City/State and Zip co	ode)
For fur	ther information concerning this mat	ter, please call:	
Daniel Y	⁄i	at (212	301-4058
Enclose		(Area (Code & Daytime Telephone Number)
\$ 35		Certified Copy (Additional copy	Certificate of Status & Certified
	Amendment Section Division of Corporations		Amendment Section Division of Corporations

AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

(Document Number of Corporation (Il known)

Contemporary Benefits Design, Inc.

F09000001226

2018-01-08 14:22:20 CST

(Incorporated Under L	aws of)	
is corporation is no longer transacting business or conducti luntarily surrenders its authority to transact business or cond		of Florida and hereby
is corporation revokes the authority of its registered agen points the Department of State as its agent for service of p time it was authorized to transact business or conduct affair	rocess based on a cause o	
e following is a current mailing address for the corporation:	:	
c/o NFP Corp., 340 Madison Avenue, 20th Floor		
(Mailing Address	5)	
New York, NY 10173		18 J.
(City/ State /Zip))	## -8
e corporation agrees to notify the Department of State in the	e future of any change in it	s mailing address. 😤
	1/4/2018	9. 72
(Signature of a director, president or other officer- if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date	**
Veronica Moo	Vice President	
(Typed or printed name of person signing)		son signing)